

<i>SERFF Tracking Number:</i>	<i>JEPT-126938783</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47496</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group Accidental Death & Dismemberment</i>		
<i>Project Name/Number:</i>	<i>PPACA Dependent Amendment/GL1101-R-VADD.PPACA</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Accidental Death & Dismemberment SERFF Tr Num: JEPT-126938783 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved-Closed State Tr Num: 47496

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: State Status: Approved-Closed

Filing Type: Form	Authors: Cindi Allgire, Debbie Turek, Betty Spratlen	Reviewer(s): Rosalind Minor
	Date Submitted: 12/09/2010	Disposition Date: 12/09/2010
		Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: PPACA Dependent Amendment
 Project Number: GL1101-R-VADD.PPACA
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 12/09/2010

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer
 Explanation for Other Group Market Type:
 State Status Changed: 12/09/2010
 Created By: Betty Spratlen
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Betty Spratlen
 Filing Description:
 Re: Group Voluntary Accidental Death & Dismemberment Forms
 Forms: GL1101-R-VADD.PPACA et al. (See attached list on Form Schedule)

Enclosed for filing with your Department are copies of the captioned forms. We are requesting that these forms be approved for general use with any of our previously approved Group Policy Series GL1101 and Group Certificate Series

SERFF Tracking Number: JEPT-126938783 State: Arkansas
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 Company Tracking Number:
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: Group Accidental Death & Dismemberment
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GL1102 forms. They will be marketed by licensed agents and brokers.

The submitted forms amend the definition of "Dependent" found in our Group Voluntary Accidental Death & Dismemberment product. The changes are designed to facilitate administrative integration with the requirements of The Patient Protection and Affordable Care Act ("PPACA"). Though PPACA does not apply directly to this line of coverage, we have included new dependent age and status requirements to accommodate any future group requests.

An Appendix of Variability and a Readability Certification are included. Your review and notice of approval will be greatly appreciated. If you have questions, please feel free to contact me.

Company and Contact

Filing Contact Information

Betty Spratlen, Compliance Specialist Elizabeth.Spratlen@lfg.com
 8807 Indian Hills Drive 402-361-2690 [Phone]
 Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street Group Code: 20 Company Type: Group
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form x's 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$100.00	12/09/2010	42781621

SERFF Tracking Number: JEPT-126938783 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/09/2010	12/09/2010

SERFF Tracking Number:	JEPT-126938783	State:	Arkansas
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Company Tracking Number:			
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Product Name:	Group Accidental Death & Dismemberment		
Project Name/Number:	PPACA Dependent Amendment/GL1101-R-VADD.PPACA		

Disposition

Disposition Date: 12/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPT-126938783 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 47496

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Accidental Death & Dismemberment

Project Name/Number: PPACA Dependent Amendment/GL1101-R-VADD.PPACA

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

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Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Accidental Death & Dismemberment

Project Name/Number: PPACA Dependent Amendment/GL1101-R-VADD.PPACA

Form Schedule

Lead Form Number: GL1101-R-VADD.PPACA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 12/09/2010	GL1101-R-VADD.PPACA	Policy/Cont ractal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		55.300	R-VADD_PPACA.pdf
Approved-Closed 12/09/2010	GL1102-R-VADD.PPACA	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		55.600	R-VADD_PPACA.pdf

POLICY AMENDMENT

TO BE ATTACHED TO AND MADE A PART OF POLICY NO.: 000000000

ISSUED TO: ABC Company

[FOR: Plan 1/Class 1/Participating Employer XYZ]

The DEFINITION section shown in the DEPENDENTS ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE is amended to read:

DEFINITION. As used in this section, "Dependent" means a person who is an Insured Person's:

- (1) spouse who is under age 70 and who is not legally separated from the Insured Person;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child who is totally and permanently disabled and who became so disabled prior to reaching 26 years of age.

The word "child" includes:

- (1) an Insured Person's natural child, legally adopted child, or stepchild;
- (2) a child placed with the Insured Person for the purpose of adoption, from the date of placement;
- [(3)][a child of a civil union partner or domestic partner;]
- [(4)][a grandchild;] [and]
- (5) a foster child for whom the Insured Person has assumed full parental responsibility and control.

The term Dependent does not include:

- (1) anyone serving in the armed forces of any state or country; except for duty of 30 days or less for training in the Reserves or National Guard; or
- (2) anyone covered under this Policy as an Insured Person.

A person may be covered as either an Insured Person or a Dependent (but not both at the same time). If both parents are Insured Persons, their child may be covered as a Dependent of either parent (but not both at the same time).

This amendment takes effect on December 1, 2010, or on the Covered Employee's effective date of coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

Accepted by the Group Policyholder this _____ day of _____ 20 _____

By _____ Title _____

CERTIFICATE AMENDMENT

**TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE FOR
GROUP POLICY NO.: 000000000**

ISSUED TO: ABC Company

[FOR: Plan 1/Class 1/Participating Employer XYZ]

**The DEFINITION section shown in the DEPENDENTS ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE is amended to read:**

DEFINITION. As used in this section, "Dependent" means a person who is your:

- (1) spouse who is under age 70 and who is not legally separated from you;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child who is totally and permanently disabled and who became so disabled prior to reaching
26 years of age.

The word "child" includes:

- (1) your natural child, legally adopted child, or stepchild;
- (2) a child placed with you for the purpose of adoption, from the date of placement;
- [(3)][a child of a civil union partner or domestic partner;]
- [(4)][a grandchild;] [and]
- (5) a foster child for whom the you have assumed full parental responsibility and control.

The term Dependent does not include:

- (1) anyone serving in the armed forces of any state or country; except for duty of 30 days or less
for training in the Reserves or National Guard; or
- (2) anyone covered under this Policy as an Insured Person.

A person may be covered as either an Insured Person or a Dependent (but not both at the same time). If both
parents are Insured Persons, their child may be covered as a Dependent of either parent (but not both at the
same time).

**This amendment takes effect on December 1, 2010, or on the Covered Employee's effective date of
coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.**

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

SERFF Tracking Number: JEPT-126938783 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 47496

Company Tracking Number:

TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group Accidental Death & Dismemberment

Project Name/Number: PPACA Dependent Amendment/GL1101-R-VADD.PPACA

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/09/2010
Comments:		
Attachments:		
FL12082010 AR VADD Regulations Cert.pdf		
FL12082010 DEP_AMEND PPACA Readability _VADD_.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	12/09/2010
Comments:		
The form number of the application previously approved is GL2-APP.02/10 and the date of approval was April 8, 2010.		

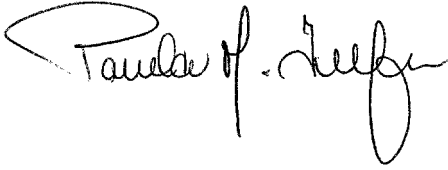
	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	12/09/2010
Comments:		
Attachment:		
FL12082010 DEP_AMEND PPACA Variability _VADD_.pdf		

**Certificate of Compliance with
Arkansas Rule and Regulation 19 and 49**

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL1101-R-VADD.PPACA, et al.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 19 and 49.

A handwritten signature in black ink, appearing to read "Pamela M. Telfer". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Signature of Company Officer

Pamela M. Telfer
Name

Assistant Vice President, Product Compliance & State Filing
Title

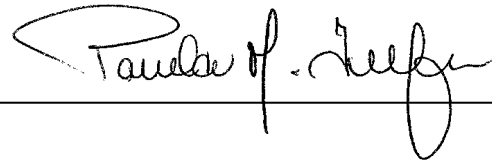
December 8, 2010
Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

<u>FORM NO.</u>	<u>FLESCH SCORE</u>
GL1101-R-VADD.PPACA	55.3
GL1102-R-VADD.PPACA	55.6

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line.

(An Officer of the Company)
Pamela M. Telfer
Assistant Vice President, Product Compliance

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

APPENDIX OF VARIABILITY

For Forms:

GL1101-R-VADD.PPACA

GL1102-R-VADD.PPACA

The above forms are for use with:

Group Policy Series GL1101

Group Certificate Series GL1102

Statement of Variable Material. Variable material is denoted in the forms by underlining or bracketing. The text for the certificate is expressed in second person (you/your) language. The variability indicated in this Memorandum applies to both the policy version and certificate version of forms, unless otherwise indicated. Any alternate variations included in this memorandum that are in third person for the policy would be expressed in second person in the certificate. The following variability is requested.

The Lincoln National Life Insurance Company

DEPENDENT DEFINITION AMENDMENTS. Amendment forms GL1101-R-VADD.PPACA and GL1102-R-VADD.PPACA may be attached to the Voluntary Accidental Death and Dismemberment insurance policy and certificate. The following variability applies.

- A. We request variable filing of the group policy number, group policyholder name, plan/class number (if applicable), participating organization name (if to be included), amendment effective date and signature block.
- B. In the **DEFINITION** section, the following variability applies.
 - 1. In item (1) under **DEFINITION**, the Dependent spouse age may range from 59 to 80.
 - 2. In item (2) under **DEFINITION** and in item (3) under "child", the bracketed references to "domestic partner" and "civil union partner" are variable and may be included or excluded based upon policyholder request.
 - 3. We request that the underlined ages in items (3) and (4) be variable. The ages will never be lower than the dependent ages required by state law, but may be higher subject to a maximum of 30 years.
 - 4. In item (4) under "child", the bracketed reference to "grandchild" may be may be omitted when not required and based upon policyholder request.
 - 5. Item (5) under "child" may be renumbered based on inclusion or exclusion of items (3) and (4).
 - 6. The bracketed text at the end of the first paragraph which begins "The term Dependent does not include" may be omitted if not applicable. The underlined "30 days" range from 30 days to six months.